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CONFIRMATION NO. 5062

Bib Data Sheet

SERIAL NUMBER 10/047,204	FILING DATE 01/14/2002 RULE	CLASS 604	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 022719-0027
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APPLICANTS

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** CONTINUING DATA ***** *none*

** FOREIGN APPLICATIONS ***** *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 02/11/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY MA	SHEETS DRAWING 7	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
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TITLE
 Multi-catheter insertion device and method

FILING FEE RECEIVED 848	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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